FLWEMS Paramedics Protocol for Scope of Practice of:
IN–HOSPITAL PATIENT CARE
(Emergency Department)

Indications

FLWEMS Paramedics Scope of Practice for "In-Hospital" patient care. This Scope of Practice applies to those practices specifically in the GLWACH Emergency Department.

Reference(s)

General Leonard Wood Army Community Hospital Administrative Nursing Policy A-4. Dated November 2004, titled: "Scope of Practice for Paramedics"

Purpose

To establish guidelines and standards for the clinical performance of the EMT-Paramedic.

Specific References

> * AR 40-3, Medical, Dental, and Veterinary Care
> * AR 40-68, Quality Assurance Administration
> * PAM 611-21, Military Occupational Classification and Structure
> * MEDCOM Circular 40-14, Clinical Baseline Competencies for Enlisted Medical Personnel Performing Direct Patient Care at the Military Treatment Facility
> * MEDDAC Reg 40-67, Plan for Provision of Nursing Care
> * MEDDAC Pam 40-49, Competency Assessment
> * Comprehensive Accreditation Manual for Hospitals, Joint Commission on the Accreditation of Healthcare Organizations
> * Essentials and Guidelines for Accredited Educational Programs in Surgical Technology

Scope

This policy applies to all nursing personnel except advanced practice nurses. See MEDDAC Regulation 600-4, Advanced Practice Nurses.

Definitions

1. Standard of Practice: Establishes the criteria, parameters, or level of performance necessary to meet a standard of care.

2. Scope of Practice: Focuses on what nursing personnel are permitted to do; identifies the expected level of accomplishment, based on education, competency, and experience of the provider.

3. Standard of Care: Care that patients and significant others can expect to receive from the nursing staff; focuses on expected patient outcomes and serves as guidelines for the delivery of nursing care and the patient's response to that care.

4. Competency: The effective application of knowledge and skills in the work setting.

5. Assessment: A systematic, dynamic process by which the nurse through interaction with the patient, significant others, and health care providers, collects and analyzes data about the patient to determine physical, psychosocial, educational, safety, cultural, and spiritual needs.

6. Evaluation: The process of determining both the patient's progress toward the attainment of expected outcomes and the effectiveness of nursing care.

7. Licensed Healthcare Provider: Physician, Registered Nurse, Physician Assistant, Licensed Practical/Vocational Nurse. Nationally Registered Emergency Medical Technicians and Paramedics may or may not be licensed.

8. Unlicensed Assistive Personnel: An unlicensed individual who is trained to function in an assistive role with licensed healthcare providers in the provision of patient care, such as 91W Health Care Specialist/EMT, Nursing Assistant, Operating Room Technician/91D, and Psychiatric Assistant/91X.

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Responsibilities

All nursing personnel are held accountable for individual nursing actions, competence, and behavior. All nursing personnel are responsible for ensuring that the patient care they give is within their scope of practice, educational preparation, and abilities as demonstrated by their competency based orientation.

1. Chief Nurse:

    a. Ensures that adequate environmental working conditions and necessary resources are available to support and facilitate the patient care mission.

    b. Ensures that the knowledge, skills, and abilities of nursing personnel are assessed and that these personnel are assigned to nursing positions appropriate to their demonstrated competence and licensure level as applicable.

    c. Work center supervisors will validate and maintain appropriate documentation of assigned staff competencies.

2. Registered Nurse (RN):

    a. Is responsible for all nursing care that patients receive under his/her direction regardless of the level of complexity of that care or the length of stay of the patient.

    b. Assigns patient care responsibilities that are within the scope of an individual's educational preparation, training, and defined scope of practice.

    c. Retains professional responsibility for overall nursing care when delegating nursing actions.

    d. Uses professional judgment and the guidance of the nurse practice act to determine the appropriate activities to delegate. The determination is based on patient needs; the education, training, and scope of practice of the nursing personnel; and the extent of supervision required.

Procedure

1. GLWACH Administrative Nursing Policy A-4, Policy Summary:

2. Scope of Practice Emergency Medical Technician-Paramedic

    a. Educational Preparation:

        ➢ Possession and maintenance of a valid, current, active, and unrestricted paramedic certification through the National Registry which is validated by their immediate supervisor in the six-sided folder.

        ➢ Successful completion of Basic and Advanced Cardiac Life Support certifications with renewal at least every two years.

        ➢ Successful completion of Pediatric Advanced Life Support and Neonatal Resuscitation Program training is encouraged.

    b. Competency:

        ➢ Work within prearranged advanced life support protocols under the supervision of the Emergency Medical Service (EMS) physician when engaged in out-of-facility patient care.

        ➢ Work under Emergency Department (ED) physician supervision when engaged in ED patient care.

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> Charge nurse makes assignments based on paramedic's educational preparation and level of demonstrated knowledge, skills, and abilities.

> Paramedic training prepares paramedics to provide direct patient care to acutely and chronically ill patients within structured health care settings. Paramedics may expand their scope of practice through a formal competency based educational program with the approval of the Deputy Commander Clinical Services (DCCS).

> The paramedic practicing under the direction of an RN or physician shall contribute to the plan of care by assessing/reassessing the patient and collecting, reporting and documenting objective and subjective data on each assigned patient in an accurate and timely manner; participating in the development of a patient plan of care setting realistic and measurable goals and nursing interventions; and participating in discharge planning with patient, family and members of healthcare team.

> Provide nursing care to patients of all ages by caring for EMS patients whose conditions triage as emergent, urgent, or routine under the direct supervision of a RN or physician.

> Provide an environment conducive to safety and health.

> Administer scheduled medication in accordance with established policies.

> Monitor and evaluate the patient's response to intravenous therapy.

> Perform patient care procedures listed in enclosure 1 with appropriate documentation of competency and supervision.

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Skills & Task

Task	Remarks
Start IV/Saline locks	X
Flush saline locks	X
Administer IV piggybacks	X
Administer IV push medications	X - 1
Prepare IV add mixture	X - 1 - 4
Perform urinary catheterization	X - 1
Insert NG/feeding tubes	X - 1 - 3
Suture Wounds	X - 1
Perform venipuncture	X
Draw blood cultures	X - 1
Perform EKG	X
Administer tube feeding	X - 2
Apply/Change simple dressings	X
Apply/Change/Irrigate complex dressings	X - 1
Administer oxygen therapy	X
Administer nebulizer treatment	X
Obtain arterial blood gases	X
Manage chest tubes	X
Change Central Line Dressing	X - 1
Perform splinting	X - 1
Perform eye/ear irrigations	X
Perform heel stick blood draw	X - 1
Perform IM injections	X

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1. Requires Verification of Competency.

2. Monitors infusion/treatment started at facility for transport only.

3. Applies to ER; may insert NG tubes only (not feeding tubes). May insert OG tubes after formal competency program.

4. Done in the ambulance run and with only criteria medications per Pre-Hospital Patient Care Protocols.

END OF SOP - NOTHING FOLLOWS